



# SAPC Quarterly Provider Meeting

May 16, 2014



# Quarterly Provider Meeting Agenda



- Welcome and Introductions
- Remembering Henry van Oudheusden
- Stakeholder Updates
  - 2014 AI-Impics, LAC Provider News
- Director's Report
- SAPC Program Updates
  - DMC, RFSQ for SUD Services, Adult Treatment Services and AB 109, Prevention Roundtable, HCR Initiatives
- Questions and Comments
- Adjourn

# Farewell to our Friend Henry van Oudheusden



*Henry van Oudheusden went to be with the Lord on May 2, 2014, at Long Beach Memorial Hospital, Long Beach, California, following a three year battle with cancer. Throughout that difficult time, he maintained his cheerful approach to life and continued to be of service to others, rarely if ever complaining or stepping back from carrying out his many commitments. Henry's family relocated to the United States in 1958. Henry earned a Bachelor of Arts in Philosophy at St. Mary's of the Barrens, Perrysville, Missouri in 1975, followed by a Master of Divinity from De Andreis Institute of Theology in Chicago, Illinois in 1979. On June 2, 1979 Henry was ordained a Roman Catholic priest with the Vincentian Fathers, in which capacity he served many parishes and positions within the Catholic Church. He continued his education by earning a Master of Liberal Arts, DePaul University, Chicago, Illinois in 1983. He later expanded his life of providing service to others by obtaining a Master in Social Work from San Diego State University in 1996, working as a clinician and administrator at Pacific Clinics and serving as Chief Executive Officer of Behavioral Health Services from 2007 until his death. His volunteer activities included service on the Boards of Directors of CAADPE (the California Association of Alcohol and Drug Program Executives) and the Celerity Education Group. Henry had a special dedication to encouraging others to pursue education to prepare for working in social services, including teaching at the USC School of Social Work and the UCLA and Cal State Los Angeles extensions.*

*Taken from obituary listed in LA Times, May 10-12, 2014*



# Stakeholder Updates **2014 AI-Impics**





# The FAQs

**When:** Saturday, May 31, 2014  
Opening ceremony @8:30am

**Where:** Los Angeles Harbor College  
1111 Figueroa Place  
Wilmington, CA 90744

**Who:** Men, women, teenagers and disabled recovering individuals, alumni and/or family members in treatment programs throughout Southern California will compete in track & field events, prevention activities and a variety of social and recreational activities.

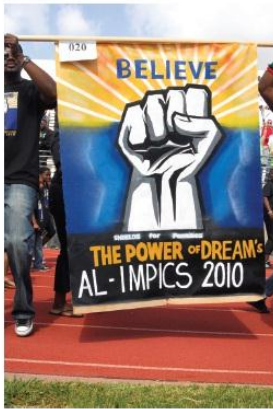
**Why:** The AI-Impics is designed to increase overall health and wellness to give the recovering person a feeling of success and camaraderie and enable these individuals to realistically face their various social, psychological, and physical challenges.

**What:** Competitive track & field, including 50-yard dash, 440-yard run, 100-yard dash, 440-yard relays and long jump and social events for all age groups. Other events include all day activities for children and teens; entertainment; volleyball; 3-on-3 basketball; weightlifting; table tennis and social games.

**Sponsored by:** Los Angeles County Department of Public Health Substance Abuse Prevention and Control; California Association of Alcohol and Drug Program Executives, Inc.; Los Angeles County Board of Supervisors; and Special Service for Groups.









Stakeholder Updates

# LA County Provider News



**CAADPE**

# Save the Date! Substance Use Disorder Workforce Development Fair

Friday, May 23rd 2014

10.00am-4.00pm

Venue:

The California Endowment  
1000 N. Alameda Street  
Los Angeles, CA 90012

For information  
contact

[caadpe@pacbell.net](mailto:caadpe@pacbell.net)

- The Substance Use Disorder Workforce Development Fair (SUWDF) will include panels, experienced professionals and outreach for students, job-seekers, and other allied primary, mental health, and substance use personnel interested in beginning or advancing a career in the substance use disorder profession.
- The SUWDF will feature an exhibit area where individuals can discuss career and job opportunities with the California Association of Alcohol and Drug Program Executives (CAADPE) member agencies, mental health, SUD and primary care providers who are leaders in their substance using populations.



# Director's Report

SAPC Director: Wesley L. Ford, M.A., M.P.H.





## SAPC Program Updates: Contract Services Division

# **Drug Medi-Cal Update**



# Contract Services Division: Discussion Overview

- Summary of contract changes:
  - January 1, 2014
  - July 1, 2014
  - Consolidated SAPC contract:  
DMC Covered/Non-Covered SUD Treatment Services
- Pilot Projects:
  - Team monitoring (update)
  - Automated contract monitoring tool

## Contract Services Division

- Contract Amendment January—June 2014
  - Eliminated limitations to eligible group
  - Amending DMC contracts

## Contract Services Division

- New DMC Contract Structure
- Effective July 1, 2014, one DMC Statement of Work
- Eliminates need for reallocations
- Budgets:
  - Projections only
  - No budgets for NTPs

## Contract Services Division

- Team Monitoring (DMC Only)
  - In an effort to increase the effectiveness and consistency of visits, SAPC implemented a Team Monitoring approach to the program monitoring process for DMC providers.

# Team Monitoring Pilot Project (Free-Standing DMCs Only)

## Roles

- Two CPAs:
  - Conduct administrative and programmatic reviews, group observations, and client interviews;
  - Conduct facility review of corporate office and any other sites;
  - Verify billings.

## Benefits

- Multiple opportunities for technical assistance.
- Effective, comprehensive, and quick, streamlining the monitoring process.
- Initiates team discussion during monitoring process that will result in more objective and complete findings.
- Provides atmosphere of safety for SAPC staff when in the field.

# Contract Services Division

- Automated Contract Monitoring Tool  
Electronic Monitoring
  - Developed jointly with SAPC IT Division
  - Pilot Project:
    - Primarily focusing on DMC providers;
    - Will build on team monitoring model;
    - In-line with move towards electronic health records.

# Electronic Monitoring: Projected Roll Out July 2014

## Benefits

- Enhance standardization of reports.
- Increase efficiency.
- Faster report turn around.
- Access information in real-time.
- FASTER AUDITS!

## Next Steps

- Provide training for CPAs.
- Revise, adapt, and enhance system.
- Long-term goal to incorporate a scoring system.



SAPC Program Updates: Grants Management and Planning Division

# **Request for Statement of Qualifications for SUD Services**

## RFSQ for SUD Services: Background

- On November 19, 2013, the Board of Supervisors approved the awarding of Master Agreements for adult and/or youth substance use disorder services to 44 agencies.
- Services were: 1) alcohol and drug free centers; 2) day care habilitative (now intensive outpatient treatment service); 3) medication assisted treatment; 4) outpatient counseling; 5) outpatient narcotic treatment; 6) residential treatment; and 7) residential medical detoxification.
- The Master Agreements are in effect from Board approval through June 30, 2018.

## RFSQ for SUD Services: Re-opening RFSQ

- Department intends to re-open RFSQ in two months to expand list of qualified agencies for Master Agreements.
- SAPC contracted agencies and agencies/individuals in current bidder's list will be informed about re-opened RFSQ.
- RFSQ (with Addenda 1, 2, and 3) will be same document with Addendum 4.
- Addendum 4 will indicate changes in the RFSQ that need to be addressed in the proposal (Statement of Qualifications) response.
- Board of Supervisors must approve of agencies recommended for Master Agreement award as a result of the RFSQ process.

## RFSQ Contact Information

- Timothy Dueñas
  - (626) 299-4506
  - [tduenas@ph.lacounty.gov](mailto:tduenas@ph.lacounty.gov)



SAPC Program Updates: Adult Treatment and Recovery Services


# **Public Safety Re-Alignment Act: Assembly Bill 109**



## Year Three Priorities/Strategies

1. Expansion of Treatment Provider Network and Continuum of Services
2. AB 109 Treatment Provider Training
3. Implementation of process improvement model and training of AB 109 treatment provider network
4. Inclusion of Residential Medical Detoxification services to treatment service continuum

## AB 109 Admissions and Discharges



<b>Overall Treatment Placement</b>	<b>Number of Episodes</b>	<b>Percent (%)</b>
<b>Treatment Admissions</b>	4,288	
Currently in Treatment	764	18
<b>Treatment Discharges</b>	3,524	82
<b>Completed</b> Treatment, Recovery Plan/Goals	1,094	31
Left before Completion with <b>Satisfactory Progress</b>	592	17
Left before Completion with <b>Unsatisfactory Progress</b>	1,838	52

# Adult Treatment and Recovery Service Program Updates

1. Expansion of the Co-Occurring Integrated-Care Network (COIN) at the Antelope Valley Rehabilitation Centers (AVRC) from 10 designated residential beds to 20.
2. The Probation Department co-located two (2) Probation Officers at AVRC to oversee the AB 109 clients residing there.
3. Internal Services Department updated the Treatment, Court, Probation, eXchange data system to capture social outcome data.



# SAPC Program Updates: Prevention and Youth Services Division

## **Prevention Contract Renewal**



# Prevention Contract Renewal

- Renewal of contracts for FY 14-15 and 15-16
- Revised format to mirror SUD contract
- Major Updates:
  - Modified fingerprint clearance requirement to clarify affected individuals and outline DOJ process
  - Clarified target population (universal/selective only)
  - Required MOU if services at schools/other locations
  - Revised minimum standard hours per FTE

# Prevention Contract Management

- Budget Review and Approval:
  - FTEs and Staff Qualifications
  - Incentives/Food
  - Evaluation, Training, and Evidence Based Practices
- Programmatic Review and Site Visits
- Work Plan Review and Approval
- Service Data Entry (CalOMS Pv)

## Youth Services (AITRP)

- Extension of contract for FY 14-15
- Work Plan Review and Approval
- Service Data Entry (CalOMS Pv)
- Expansion of Network – Affordable Care Act



## SAPC Program Updates: Government Relations Division

# **Health Care Reform Initiatives**



# Medi-Cal Expansion: Background

- Effective January 1, 2014.
- Eligibility criteria expanded to include persons with annual income below 138% of the Federal Poverty Level including single adults without children.
- In LA County, represents about 900,000 residents.
- Beginning January 1, 2014, Medi-Cal beneficiaries in LA County were transitioned to either LA Care and its subcontractors (Care First, Care More/Anthem, Kaiser) or Health Net.

# SUD Services and County Health Plans

## Health Plan Responsibilities

- Conduct annual health risk assessment that includes alcohol screening.
- Provide up to three brief intervention sessions/year for those screening positive for alcohol use problems but not needing treatment.
- Refer members needing SUD treatment services to an appropriate level of care.
- Coordinate care with behavioral health providers.

## SAPC and SUD Provider Responsibilities

- Accept and place referrals of Medi-Cal beneficiaries to the appropriate level of treatment services.
- Coordinate care with primary care providers through the behavioral health organizations.

# Enhanced Medi-Cal SUD Services: Background

- Senate Bill 1X: enhanced SUD services under the Medi-Cal program effective January 1, 2014 for all Medi-Cal beneficiaries to include:
  - Under Medi-Cal Fee for Service:
    - Voluntary Inpatient Detoxification (in General Acute Hospitals)
  - Under Drug Medi-Cal:
    - Outpatient Substance Use Disorder Services
    - Intensive Outpatient Treatment (formerly Day Care Habilitative)
    - Narcotic Treatment Program (Methadone)
    - Naltrexone Treatment

## Enhanced Medi-Cal SUD Services: As of Today

- No announcement has been made regarding federal approval of the State Medicaid Plan Amendment (SPA 13-038) adding enhanced benefits to the DMC program.
- SAPC is unable to pay billings received for these services until State notification of SPA approval.
  - Payments can be made back to January 1, 2014.
- Providers take the risk of not getting reimbursed if services are provided prior to the State approving the new benefits.



## Enhanced Medi-Cal SUD Services: As of Today

- DHCS received approval on March 28, 2014 for its State Medicaid Plan Amendment (CA-13-035).
  - State alternative benefit plan is now the Standard Blue Cross/Blue Shield Preferred Provider Option-Federal Employees Health Benefit Program.
  - This benefit package for private health plans is available for purchase by individuals and small businesses through Covered California.

# Cal MediConnect Project: Overview

- **Who** is involved: The State and eight counties.
- **What** is the project: A three-year demonstration project providing coordinated physical and behavioral health (mental health and substance use) services.
- **Population** being served: Individuals dually eligible for Medicare and Medi-Cal, ages 18 - 64.
- **Why:** This population is characterized by multiple health conditions, high use of health services, high cost of services, and lack of coordinated care.



# Cal MediConnect Project: Enrollment

- April 1, 2014: voluntary enrollment began.
- July 1, 2014-December 31, 2014: passive enrollment period.
- Beneficiaries can opt-out of participation at any time before or after the passive enrollment period.

# Cal MediConnect Project: In LA County

Physical Health Care Services provided by:

- Care First, Care More/Anthem, Health Net, LA Care, and Molina Health Care

Behavioral Health Care Services administered and coordinated by:

- MHN for Health Net
- Beacon Health Strategies for Care First, Care More/Anthem, and LA Care



# Cal MediConnect Project: In LA County

## Mental Health Services:

- The Department of Mental Health (DMH) is having Beacon, MHN, and Molina credential and contract its providers and directly operated programs to deliver these services.
  - DMH conducting training sessions for its providers over the next several months.

## Substance use disorder services:

- Medicare: administered directly by Beacon, MHN, and Molina through existing networks
- Drug Medi-Cal: administered by SAPC using its existing DMC network
  - SAPC conducting web-based training sessions for its DMC providers in the coming months.



# Medi-Cal Outreach and Enrollment Assistance Grant Project

- State grant project to conduct Medi-Cal outreach and enrollment assistance for County residents.
- LA County participating partners:
  - DPH-SAPC, DPH-Maternal, Child and Adolescent Health, the Department of Health Services, the Department of Mental Health, the Department of Public Social Services, and the Sheriff's Department.
- Begins July 1, 2014
- Community Assessment Service Centers (CASC) lead agencies will work within their Service Planning Area to conduct Medi-Cal outreach and enrollment assistance for clients seeking admission to treatment through the CASC (for SAPC-contracted treatment programs).

# SAPC HCR Implementation Efforts

## HCR Training and Technical Assistance

- SAPC and the Alcohol and Drug Policy Institute (ADPI) have partnered to provide the following:
  - Monthly training webinars
  - Individual technical assistance upon request (directly through ADPI)
  - Workshops on specific skill areas (organizational accreditation)
  - In-person work groups presently on hiatus until SPA for Drug Medi-Cal is approved (capacity building, residential treatment services)

## Health Neighborhood Initiative

- SAPC is working with the Departments of Health Services, Mental Health and Public Health and the County health plans to implement the County Health Neighborhood Initiative.



## SAPC HCR Implementation Efforts

- Phase One – Establishing initial pairings of physical health, mental health, and substance use disorder programs at the local level.
- Phase Two - Establishing regional coordinated care networks for physical health, mental health, and substance use disorder services.
- Phase Three – Establishing neighborhood level community coalitions to reduce health disparities by strengthening risk and resiliency.

***More on this at the next provider meeting.***



Adjourn  
**We'll see you next time!**

